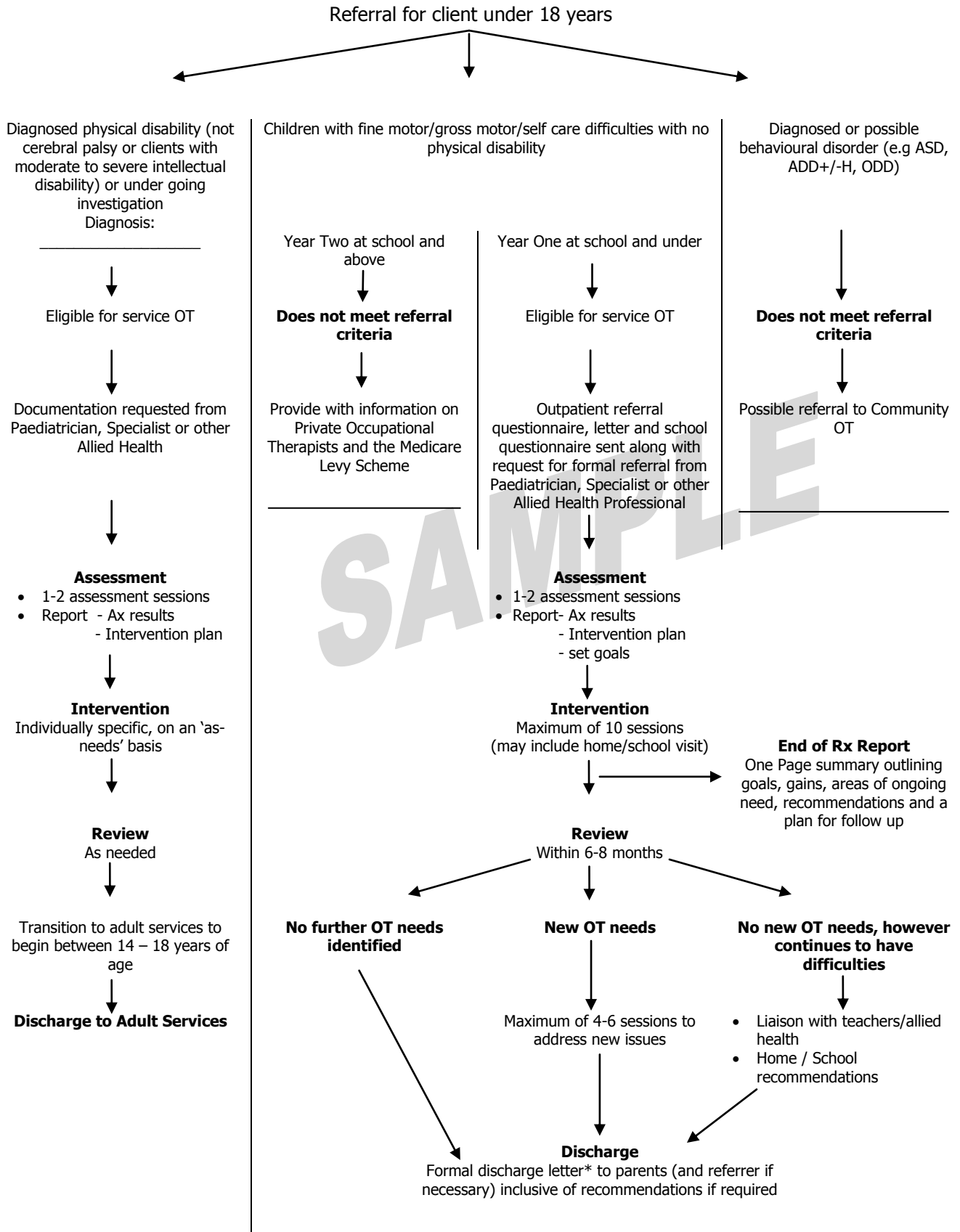


# OUTPATIENT TREATMENT AND DISCHARGE PROTOCOL



**Failure to attend:** clients without a diagnosis who fail to attend on 3 occasions are sent a failure to attend letter, advising that they will be discharged from the service if they do not make contact within 1 month.

## **Paediatric Occupational Therapy Triage**

Date of Intake: \_\_\_\_\_ Intake Officer: \_\_\_\_\_

Caller: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Referrer: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

School / Pre-school Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Verbal Consent Gained to send School Questionnaire ☐

Child's Difficulties:

- ☐ Fine Motor Skills \_\_\_\_\_
- ☐ Gross Motor Skills \_\_\_\_\_
- ☐ Self Care Skills \_\_\_\_\_
- ☐ Handwriting \_\_\_\_\_

Other Difficulties:

- ☐ Language
- ☐ Behaviour
- ☐ Medical
- ☐ Developmental Delay

Outcome:

- ☐ Questionnaire Sent Date: \_\_\_\_\_
- ☐ School Questionnaire Sent Date: \_\_\_\_\_
- ☐ Referral Accepted from Paediatrician, Specialist or Allied Health Professional
- ☐ Do not meet criteria for OT <sup>1</sup>
- ☐ Refer to Alternate Service / Private OT Service: \_\_\_\_\_

Further information \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
\_\_\_\_\_